

Meyers' Memorial. — Dr. J. T. Fotheringham, Toronto;
Nutrition. — Dr. F. F. Tisdall, Toronto;
Awards, Scholarships and Lectures. — Dr. Duncan Graham, Toronto;
Osler Memorial. — Dr. W. W. Francis, Montreal.

RESOLUTIONS OF APPRECIATION

In the following resolutions, General Council expressed its sincere appreciation of outstanding services rendered the Association.

It was duly moved, seconded, and agreed that the General Council extend hearty thanks to the President and Mrs. T. H. Leggett for the wonderful attention they have given to their duties during the past year. After a most successful meeting at Ottawa, Dr. and Mrs. Leggett have given freely of their time in visiting every Province in the Dominion in the interests of this Association.

It was duly moved, seconded and agreed that the General Council express appreciation to President-Elect and Mrs. K. A. MacKenzie for the splendid efforts they had made in preparation for the Sixty-ninth Annual Meeting of the Canadian Medical Association in Halifax.

WHEREAS Dr. George S. Young, of Toronto, is retiring after serving four years as Chairman of the General Council and the Executive Committee;

AND WHEREAS he has by his constant patience, courtesy, and tact brought added lustre to the position so preeminently filled by his predecessors in office, Doctors Bazin and Primrose;

BE IT THEREFORE RESOLVED that this General Council make due recognition of Doctor Young's great contribution to the success of organized medicine in Canada and present to him this special vote of thanks.

CONFERENCE OF MEDICAL SECRETARIES

For the first time in history a dinner meeting of Medical Secretaries of Canada was held, which was attended by the following: Drs. M. W. Thomas, British Columbia; Geo. R. Johnson, Alberta; J. G. K. Lindsay, Saskatchewan; C. W. MacCharles, Manitoba; A. D. Kelly, Ontario; H. G. Grant, Nova Scotia; Harvey Agnew and T. C. Routley; Special Guest, Dr. T. H. Leggett, President, Canadian Medical Association.

It was agreed that this conference should be made an annual event, in order that the Secretaries may have an opportunity of discussing many problems of mutual interest and concern.

MEMBERSHIP FEES

It was agreed that in those Provinces which have become Divisions of the C.M.A. and in which, in future, the annual fee of the parent body will be collected by the Division—the net amount per member to be remitted to the Canadian Medical Association for the year 1939 will be \$8.00.

ANTERIOR POLIOMYELITIS

In cooperation with the Department of Pensions and National Health the Association has agreed to produce a booklet on Anterior Poliomyelitis. Professor Ray Farquharson, of the

University of Toronto, has accepted the chairmanship of the publication committee.

CONCLUSION

Many other matters of interest to the welfare of the medical profession were discussed and passed to appropriate committees for study and report.

All of which is respectfully submitted.

T. C. ROUTLEY,

General Secretary.

Quebec Division

The Annual Meeting of the Canadian Medical Association, Quebec Division, will be held at the Royal Victoria Hospital, Montreal, on Friday, October 21, 1938, at 4.30 p.m.

Hospital Service Department Notes

Blood Banks

Some of the larger hospitals are now giving thought to the development of "blood banks". By this term is meant the collection of blood in advance, checking it for type, luetic and other infections, and storing it in chilled containers for use on future occasions. The realization that human blood can be kept fit for transfusion purposes for a week or more if collected and stored under strict conditions has affected considerably the procedure in institutions with these "blood banks". Instead of the confusion of hurriedly sending for and typing friends and taking a "chance" on the Wassermann reaction, blood can be collected, typed and tested at leisure, and transfusions given when needed at a moment's notice.

Two forms of blood banks are being developed—those for normal blood and those for blood from convalescents for the specific treatment of certain diseases. Blood is collected under the strictest precautions, is typed and serologically tested, and added to the bank. Each blood sample is not kept separate but is added to other accepted blood of the same type and approximate date. This blood is kept at 4° C. (39° F.) in special, carefully marked and dated containers. If proper care be exercised, i.e., anti-coagulant properly mixed with the blood, clots filtered out through 150-mesh silk blotting cloth rather than gauze, blood showing any hæmolysis discarded, and the equipment kept scrupulously clean, experience would indicate that reactions can be kept surprisingly low. At Cook County Hospital one report published indicated a major reaction in 2 of 275 consecutive cases, and 7 minor reactions, or 3.27 per cent in all. This hospital has experienced fewer reactions with preserved than with fresh blood.

The term "bank" has arisen because of the development of the banking principle in its use. An endeavour is made to keep a fairly constant

"reserve" for emergency occasions; "deposits" are made whenever occasion offers, every opportunity being taken to add blood, particularly of the less common types, to the bank; "withdrawals" are as required. In certain large hospitals the various services are given so much "credit"; if one service uses a large amount of blood its "credit" becomes exhausted unless it quickly "deposits" a corresponding amount of blood to replenish the reserve. Obviously such a "bank" should be under the supervision of a competent pathologist, and is only possible in a large institution. The suggestion has been made, however, that hospitals in larger centres or adjacent cities might combine to maintain a common "blood bank".

The use of *cadaver blood* would seem to be still in the experimental stage. The work of Shamov, Yudin and others would seem to indicate that, under certain restrictions, cadaver blood can be used successfully. It has been claimed that fresh cadaver blood responds as does blood from the living with respect to gas exchange, the Wassermann reaction, and sterility unless sepsis occurs before death. The blood in the mesenteric veins becomes infected twenty hours after death. Cadaver blood from patients dying of sudden shock and in good health forms a clot that dissolves in one or two hours; this fibrinolysis does not make the blood toxic. If the patient has died of sepsis or a disease like cancer or tuberculosis the clot does not dissolve until after putrefaction; such blood should not be used. No anti-coagulant is necessary. From one to four litres is the usual amount obtained from a cadaver. Safe use after storage in a refrigerator up to twenty-eight days has been claimed. In a series of 1,000 cases reported by Yudin there were 5 deaths resulting from the transfusion; a large number of hæmolytic reactions have been reported also. While this method may have its place in war or in great emergency, further study and experimental work would seem to be indicated before its general use could be recommended.

Provincial Association Notes

Ontario Neuro-Psychiatric Association

The annual meeting of the Ontario Neuro-Psychiatric Association was held at the Westminster Hospital, London, Ont., on June 17th, and proved a very interesting and successful gathering.

The President, Dr. J. P. S. Cathcart, of Ottawa, presided. The meeting was opened with the Invocation by the Reverend Canon Quintin Warner, of London. The address of welcome to the visiting association was extended by Colonel Thomas Morrison, Administrator of the Westminster Hospital, London.

The usual Association Dinner followed the afternoon session. Professor R. B. Liddy, Ph.D.,

LL.D., Department of Philosophy and Psychology, University of Western Ontario, London, was the guest speaker. His address was "Personality disorders from the point of view of the psychologist".

The President fittingly thanked Colonel Morrison, Administrator, and Dr. W. J. McLean, Medical Superintendent, of the Westminster Hospital, for the cordial and complete hospitality shown to the delegates.

A. McCAUSLAND,
Secretary, O.N.P. Association.

Medical Societies

The Royal College of Physicians and Surgeons of Canada

The regular midsummer meeting of Council was held in Halifax on June 20th.

The President, Dr. George S. Young, occupied the Chair and the following members were present:—C. R. Gilmour, Winnipeg; H. C. Jamieson, Edmonton; J. S. McEachern, Calgary; W. E. Gallie, Toronto; W. S. Lyman, Ottawa; A. T. Bazin, A. H. Gordon, G. L. deBellefeuille, F. S. Patch, Montreal; W. A. Jones, Kingston; H. A. Farris, Saint John; J. G. MacDougall and K. A. Mackenzie, Halifax.

The Honorary Secretary announced the deaths in February last of Dr. Théodule Bruneau, F.R.C.P.(C.), Montreal, and of Dr. Frank P. Patterson, F.R.C.S.(C.), Vancouver.

The Chairman of the Committee on Examinations, Applications and Credentials submitted a report of which the following details were adopted.

The annual meeting will be held in Ottawa on Saturday, October 29th.

The written examinations will be held on October 3rd, 4th and 5th, in Vancouver, Edmonton, Saskatoon, Winnipeg, Toronto, Montreal, Quebec and Halifax.

The oral examinations in the primary subjects will be held in Winnipeg on October 20th, and in Toronto on October 22nd.

The oral and clinical examinations in the final subjects will be held in Winnipeg on October 24th, and in Toronto on October 26th.

Examinations in the French language—orals and clinicals—will be held in Montreal or Quebec, the choice depending upon the relative number of candidates selecting either centre. This will be announced on September 1st.

Dr. Leon Judah Solway, Toronto, B.A., M.D., Toronto, M.R.C.P.(Lond.) and Dr. John Hammond Palmer, Montreal, M.D., C.M., McGill, M.R.C.P.(Lond.), were granted Ad Eundem Fellowship in the Division of Medicine.

The Committee on the Registration and Certification of Specialists reported considerable progress in that joint committees have